

FROM :

FAX NO. :

Apr. 17 2002 09:13AM P4

Mr. Robert Mills, Claims Consultant  
Disability Management Services, Inc.  
1350 Main Street  
Springfield, MA 01103-1619

April 10, 2002

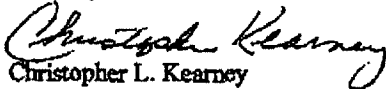
Re: Policy #H-493029 and H-538069

Mr. Mills:

Please respond to the following requests within 15 days as required by Ohio Law:

- 1) Please send me a check for \$16,061.00 plus interest upon receipt of this letter. This is the total of monthly premiums JP has collected while I have been receiving total disability benefits. These premiums should have been waived.
- 2) Please provide a written explanation of my policies benefits to include own occupation.
- 3) Please provide a written explanation of my policies to include occupational definition and explanation.
- 4) Please provide a written explanation of my policies to include length of my benefits.
- 5) Please provide a written explanation of my policies to include an explanation of how JP views residual Vs total disability and how this decision is made.

Sincerely,

  
Christopher L. Kearney

3665

